STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155561	A. BUILDING 00 B. WING	08/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN HOME & REHABILITATIVE CENTER	231 N JACKSON ST OAKLAND CITY, IN 47660

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F0000	This visit was for the Investigation of Complaint IN00112796. Complaint IN00112796- Substantiated, Federal/State deficiencies related to the allegations are cited at F514. Survey dates: August 15 and 16, 2012 Facility number: 000327 Provider number: 155561 AIM number: 100273920 Survey team: Anne Marie Crays, RN Census bed type: SNF/NF: 84 Total: 84 Census payor type: Medicare: 10 Medicaid: 43 Other: 31 Total: 84 Sample: 5 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F0000	The creation and submission of this plan does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation.The provider respectfully request that the 2567 Plan of Correction be considered the letter of credible allegation and request a post certification desk review in lieu of a post survey revisit on or after August 31, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	Quality review completed on August 17, 2012 by Bev Faulkner, RN			

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F0514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on interview and record review, the facility failed to ensure documentation was complete and accurate regarding a resident's exit outside, a resident's diet order, and an incident regarding a resident to resident altercation, for 3 of 4 residents reviewed for documentation, in a sample of 4. Residents A, E, and C Findings include: 1. On 8/15/12 at 9:10 A.M., the clinical record of Resident A was reviewed. The resident was admitted to the facility on 6/21/12. Diagnoses included, but were not limited to, altered mental status. Progress notes included the following notations:	F0514	Resident A has suffered no ill effects from the alleged deficient practice. Resident E has suffered no ill effects from alleged deficient practice. Resident C no longer resides in this facility. All residents who reside in this facility have the potential to be effected by the alleged deficient practice.All licensed nurses have been re-educated by DNS/designee on documentation related to events/resident change of conditions/new admissions. An audit of resident records have been completed to ensure resident diets are accurate, change of condition, and resident behaviors were documented in the clinical record.Completion Date: 8-31-2012The interdiciplinary team will review resident's new admission/ re-admission during the clinical meeting in order to ensure diets	08/31/2012

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	6/22/12 at 7:36 A.M.: "Resident was awake all night. Ambulating up and down hallway - following staff - going into other residents rooms and going through their belongings...Tried to redirect resident without success. To continue to monitor resident." 6/22/12 at 7:40 A.M.: "...Code alert on d/t [due to] freq requests to go home...." 6/22/12 at 4:14 P.M.: "Resident moved to room [number on locked unit] from room [number] to benefit resident...." Documentation that the resident went outside without staff was not found in the clinical record. On 8/15/12 at 10:30 A.M., during interview with the Auguste's Cottage [locked unit] Unit Manager, she indicated she thought the resident was admitted to the facility on a general unit, then went outside, and was transferred to the locked unit. The Unit Manager indicated she was unsure, and wanted to check the resident's documentation in the clinical record. The Unit Manager then checked the clinical record, and indicated, "I guess he didn't go outside. He was just exit-seeking so they moved him over here." On 8/15/12 at 10:45 A.M., during		are accurate. All licensed nurses have been re-educated by DNS/designee on documentation related to events/resident change of condition/and new admissions.Completion Date: 8-31-2012DNS/designee will monitor compliance through the use of a new admission checklist that will be reviewed by QA committee monthly for 6 months. If 100% threshold not met then an action plan will be developed and the committee recommendations will be made for follow up. All chart audits will be forwarded to QA committee for at least 6 months for further recommendations if needed.Completion Date: 8-31-2012	

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	interview with the Assistant Director of Nursing [ADON], she indicated the resident was newly admitted to Station 3, and went outside the front door. The ADON indicated a CNA watched him go outside and immediately retrieved him. The ADON did not indicate on which date this occurred. On 8/15/12 at 11:05 A.M., during interview with the Memory Care Coordinator, she indicated she had been working in the front office, and saw the resident walking down the hall towards the front lobby. She indicated it was after breakfast, and she assumed the resident left the dining room and came up front to smoke. She indicated a CNA came down the hallway, and asked her, "Did you see him walk out the front door?" The Memory Care Coordinator did not indicate on which date this occurred. On 8/16/12 at 1:15 P.M., during interview with the Director of Nursing[DON], she indicated the incident should have been documented in the clinical record. 2. On 8/15/12 at 8:20 A.M., during the initial tour of the locked Alzheimer's unit, the DON indicated Resident E had wandered into another resident's room and a CNA observed a resident fondling Resident E.			

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On 8/15/12 at 8:55 A.M., the DON provided an "Indiana State Department of Health" [ISDH], Incident Reporting Form. The form included: "...Incident Date: 8/5/12, Incident Time: 1600 [4:00 P.M.]...Brief Description of Incident: Resident [E] was found in [Resident F's] room sitting on his bed with him. [Resident F] had his hand under [Resident E's] shirt and was touching her breast...."

The clinical record of Resident E was reviewed on 8/16/12 at 10:30 A.M.

Resident Progress Notes had no entries from 8/2/12 to 8/6/12. An entry, dated 8/6/12 at 12:51 P.M., indicated, "Resident has had no behaviors noted from incident with male resident. Resident is unable to recall events...."

On 8/16/12 at 10:45 A.M., during interview with the Social Services Director [SSD], she indicated the event was probably documented under "Progress Notes." The SSD then reviewed the record, and was unable to locate documentation regarding the incident. The SSD indicated she was unsure where the documentation would be.

On 8/16/12 at 11:15 A.M., during

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	interview with the DON, she indicated she knows the staff did make a note on the incident. The DON reviewed the clinical record, and was unable to locate documentation. The DON indicated there were notes after the incident, and she guessed she thought that would be enough documentation. 3. The closed clinical record of Resident C was reviewed on 8/16/12 at 8:45 A.M. Diagnoses included, but were not limited to, Diabetes Mellitus, Type II, Uncontrolled. A hospital transfer sheet, dated 6/25/12, indicated, "Diet Type: Prudent heart, NCS [no concentrated sweets], Low phos [phosphorus], fluid restriction." A facility physician's order form, dated 6/25/12, indicated, "Diet: NAS [no added salt], No Phosphorus...." A Dietary Nutritional Risk Assessment, dated 6/26/12 at 11:20 A.M., included: "...Diet order NAS, No Phosphorus...Will recommend changing diet to K [potassium] restricted, NAS...." Resident Progress Notes, dated 7/1/12 at 5:19 P.M., indicated, "...Diet consist regular con [controlled] carb [carbohydrates] [sic]...."			

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	On 8/16/12 at 10:00 A.M., during interview with the Dietary Manager [DM], she indicated she immediately called the Dietician when she received the order for the NCS, No Phosphorus diet, and was informed a potassium restricted diet was the same as no phosphorus. The DM indicated that is what the resident received when he was at the facility. The DM indicated she did not know why the hospital transfer sheet had a different diet order, or why a nurse documented on 7/1/12 that the resident was consuming a regular controlled carbohydrate diet. On 8/16/12 at 11:15 A.M., during interview with the DON, she indicated she was unsure why there was a discrepancy from the hospital transfer sheet and the admitting facility diet order. The DON indicated she thought the documentation on 7/1/12 regarding the diet was a documentation error. This federal tag relates to Complaint IN00112796. 3.1-50(a)(1) 3.1-50(a)(2)			

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